

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore(GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT	
Date Of Report	05/12/2017 11:18
Date Of Accident	04/12/2017 18:15
Exact Location Of Accident	DRIVEWAY OF BLK 20 TELOK BLANGAH CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBE5662G
Insured/Policyholder	
Name Of Registered Owner	STVE PTE LTD
Co Reg No	198703585C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64942897
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE VAN
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-17087422MFCV
Cover Note Number	
Driver	
Name of Driver	FONG KENG WAI
NRIC No	S7430593H
Date Of Birth	20/09/1974
Occupation	OUTDOOR
Date Of Driving Pass	21/06/1994
Driving Experience	23 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90602601
Fax Number	
Contact Number	
EEmail Address	ANDY_WALT@YAHOO.COM.SG

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident SIDE SWIPE

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident? NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

I was driving along driveway of Blk 20 Telok Blangah Crescent on a single lane two way road. There is a parked vehicle with hazard light on blocking the lane. I had to overtake the vehicle and i stopped my vehicle as there were oncoming motorcycle. A taxi SHD4562C from behind overtake my vehicle and its left side grazed across my vehicle right rear side.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD4562C

Vehicle Make/Model/Colour HYUNDAI/SONATA NF 2.0/BLUE

Details Of Properties

Name of Driver CHOW KEE CHUAN

NRIC/Passport Number S0703040A

Contact Number 90703855

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

Details of Witness

Name

Phone Number

Email Address

Sketch Plan

SKETCH PLAN

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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
(ii) investigating the accident and/or my claims;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes, and
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

VERIFIED BY AJAX MARS

REPORTING OFFICER

Muhammad Faizal

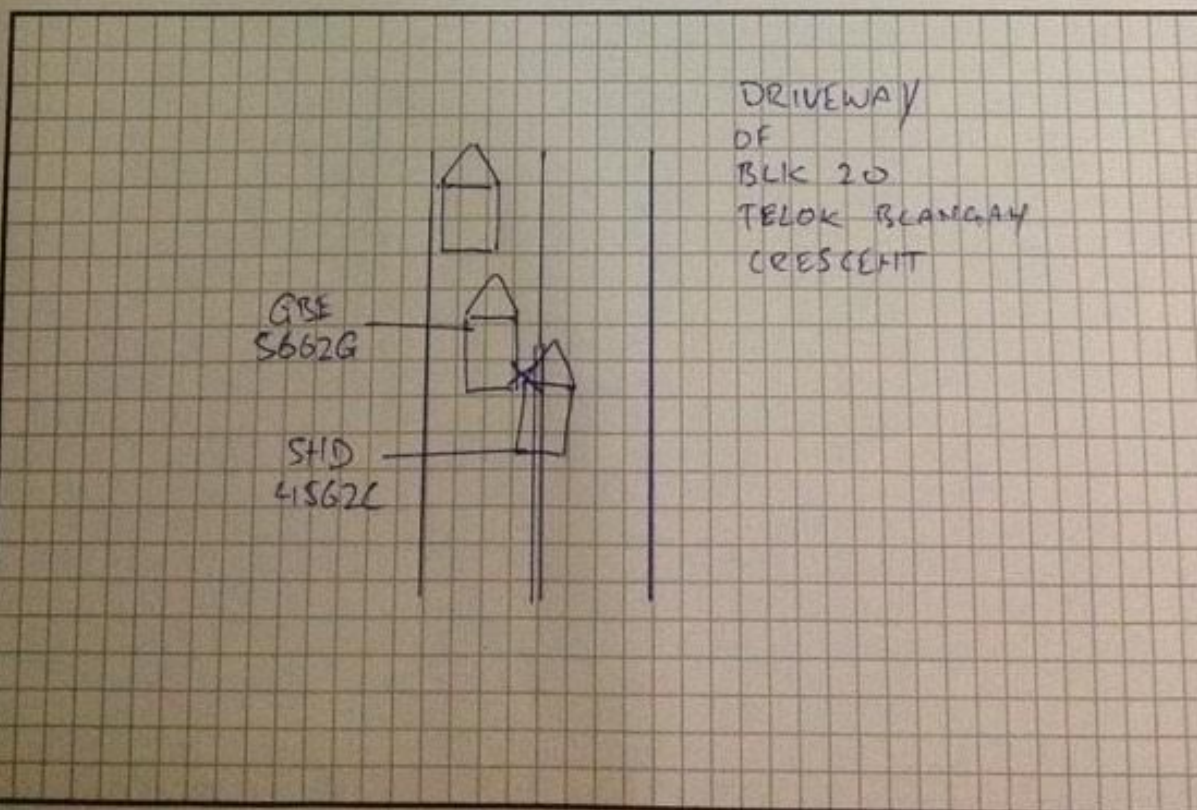
Bin Pabila

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I was driving along driveway of Blk 20 Telok Blangah Crescent on a single lane two way road. There is a parked vehicle with hazard light on blocking the lane. I had to overtake the vehicle and i stopped my vehicle as there were oncoming motorcycle. A taxi SHD4562C from behind overtake my vehicle and its left side grazed across my vehicle right rear side.

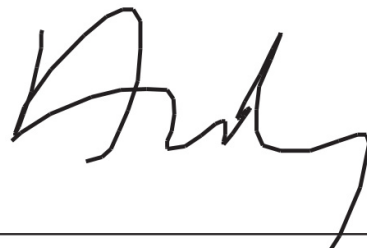
Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MUHAMMAD FAIZAL BIN PABILA

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

5 December 2017 at 10:29 AM

Date/Time:

5 December 2017 at 10:29 AM

Elizabeth Lee

From: Jacqueline Han Kwee Ling <JacquelineHanKL@goldbellcorp.com>
Sent: Tuesday, 5 December 2017 4:27 PM
To: Elizabeth Lee; 'Meilin'
Cc: Isaac Ng Cheng Long; Ethan Toh Xiao Xin; Eileen Ngan Yi Ling
Subject: RE: STV2-MARS00004055-GBE5662G-04122017 (PART 1)

Dear All,

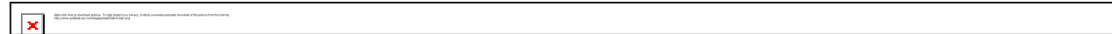
Kindly assist to amend from REPORTING ONLY to THIRD PARTY.

Thank you.



Jacqueline Han Kwee Ling | Goldbell Corporation Pte Ltd
Assistant, Operations Admin (FIM)
Representing STVE Pte Ltd, Goldbell Leasing Pte Ltd
& Aviation Equipment Leasing Pte Ltd

DID: +65 6494 2817 | Tel: +65 6861 0007 | Fax: +65 6807 0431 |
Mobile: | Web: <http://www.goldbellgroup.com/>
Address: 18 Tuas Ave 10, Level 6, Singapore 639142



From: Elizabeth Lee [<mailto:elizabeth@ajaxmars.com>]
Sent: Tuesday, 5 December 2017 11:35 AM
To: marynelson@first-insurance.com.sg; Isaac Ng Cheng Long <IsaacNgCL@goldbellcorp.com>; Caroline@first-insurance.com.sg; EstherLim@first-insurance.com.sg; Jacqueline Han Kwee Ling <JacquelineHanKL@goldbellcorp.com>; Cecilialow@first-insurance.com.sg; Ethan Toh Xiao Xin <EthanTohXX@goldbellcorp.com>; Eileen Ngan Yi Ling <EileenNganYL@goldbellcorp.com>; 'KatherineLimYP@goldbellcorp.com'
Subject: STV2-MARS00004055-GBE5662G-04122017 (PART 1)

Dear all,

Please find attached files for your perusal.

Thank you.

Best regards,

Elizabeth

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



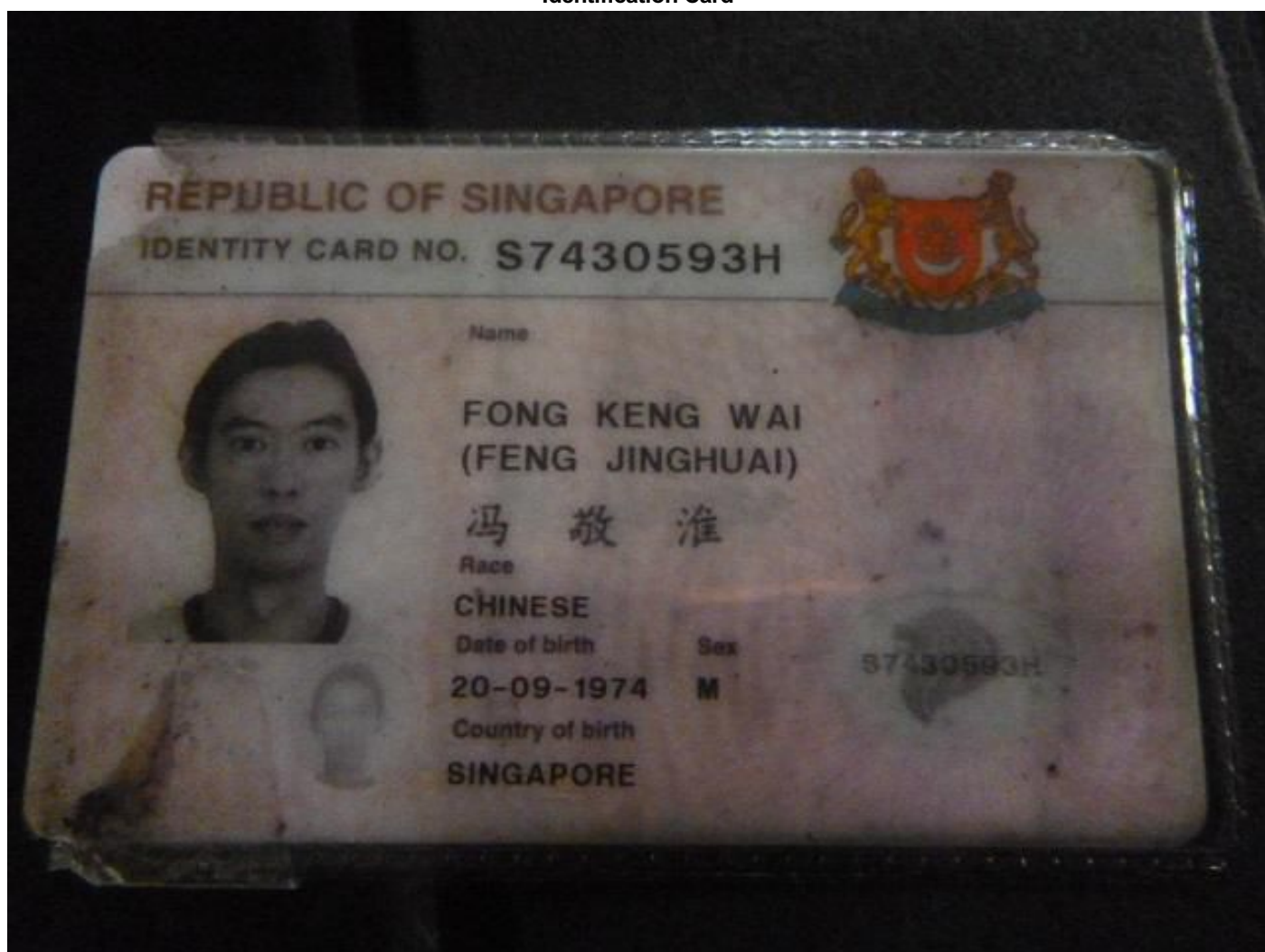
Accident Photo



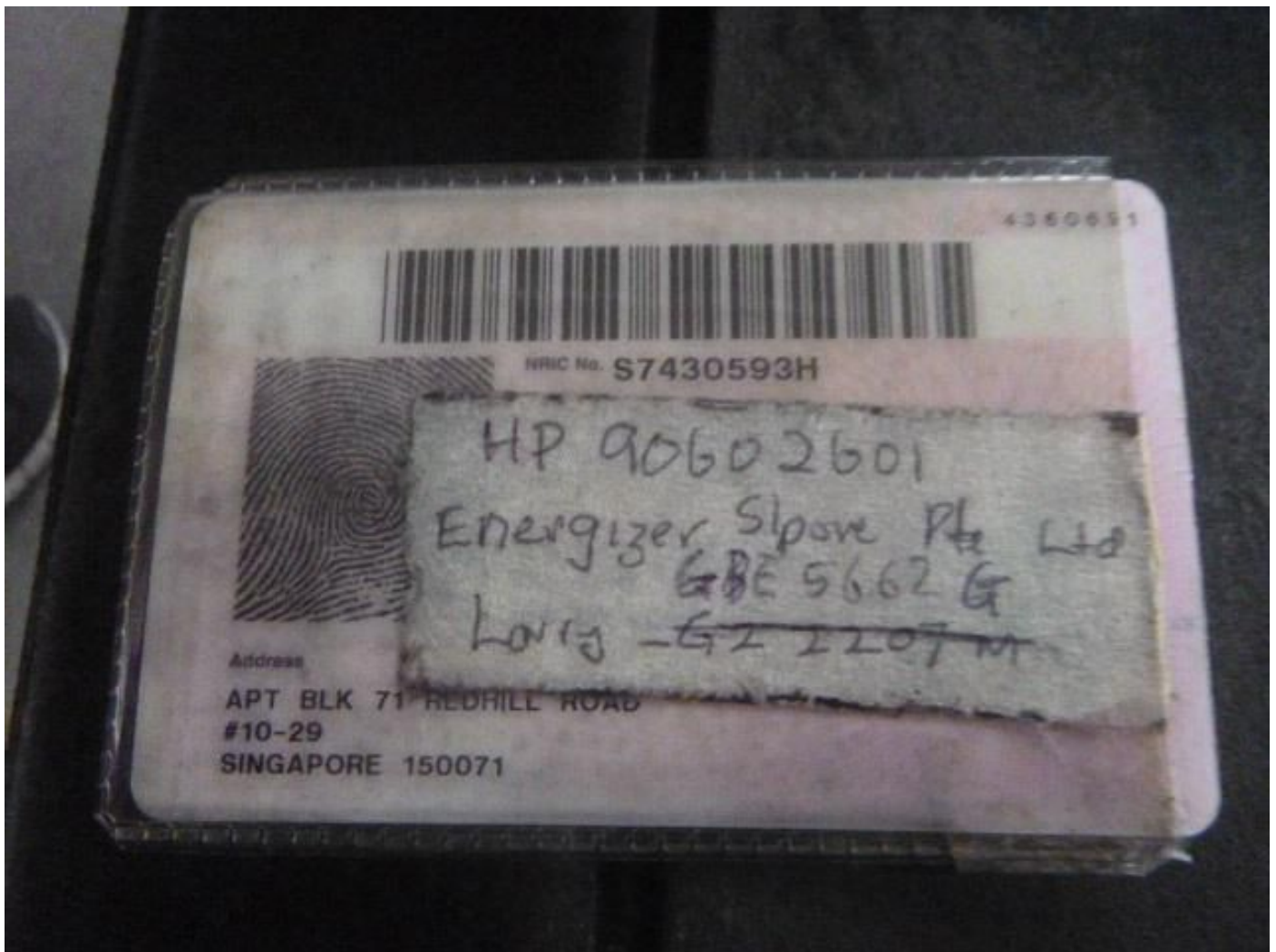
Accident Photo



Identification Card



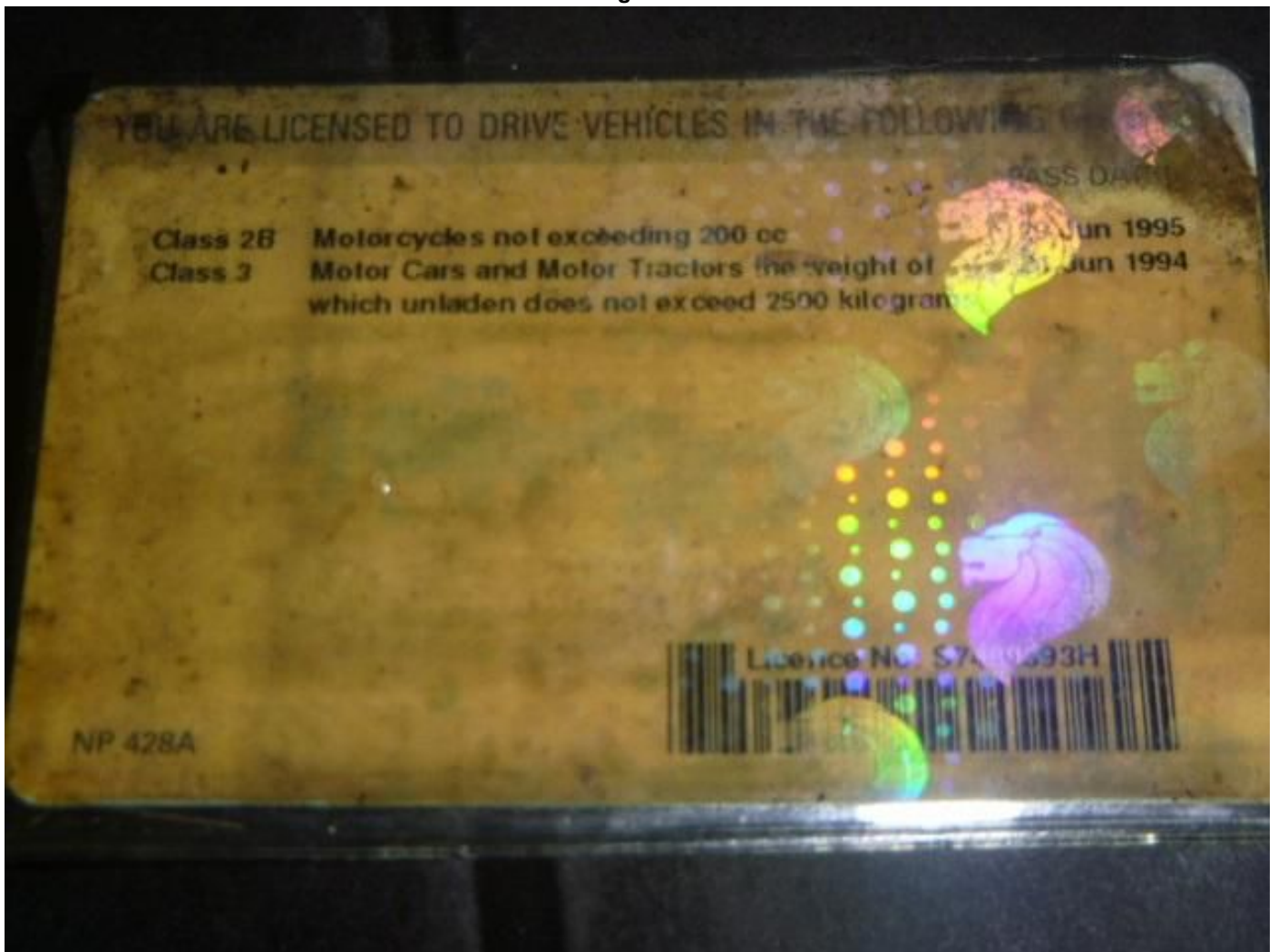
Identification Card



Driving License



Driving License



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66S0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MBHH17160116 Vehicle Registration No: GBE5662G
Name(as shown in NRIC) : FONG KENG WAI NRIC/FIN/Passport No : S7430593H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 90602601
Email Address : andy_walt@yahoo.com.sg
Date of Accident : 04/12/2017 Time of Accident : 18:15 HRS
Place of Accident : Driveway of Blk 20 Telok Blangah Crescent
Insurance Company : FIRST CAPITAL INSURANCE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMENDED REPORT TO THIRD PARTY CLAIM.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Lee Wan Qi
NRIC/FIN No.: S9245801F
Date: 05/12/2017